



The All Sports Clinic

At Butler Elementary School
Session #1: February 17 - 20, 2015
Session #2: April 21 - 24, 2015
9:00 am - 4:00 pm
Grades: K - 6



Cost: \$180 (payable to NE Elite Sports Clinics, Inc.)

Featuring multiple sports in a relaxed, fun atmosphere, including
Floor Hockey, Soccer, Wiffleball, Basketball, Arena Football and Dodgeball!



Registration Form

Name _____ Grade _____

Address: _____

Town: _____

Parent Phone _____ Email _____

Emergency Person/Phone Number: _____

Release Form and Policies

The signed participant has my permission to participate in the All Sports Clinic. I understand and accept the condition that neither the Town of Belmont, NE Elite Sports Clinics, Inc. It's directors nor coaches or the site owner will assume responsibility for medical and dental expenses incurred as a result of participation in this clinic. I also confirm that the participant has personal medical insurance coverage and that any expenses incurred while at the clinic is my responsibility. In case of an emergency, I understand that every attempt will be made to contact the person listed. If contact is unsuccessful, I give permission to the attending medical personnel to render medical treatment to the participant.

Parent Signature _____

Insurance Company & Policy #: _____

please make checks payable to NE Elite Sports Clinics, Inc.

Return to: Belmont Recreation Dept..PO Box 56, Belmont, Ma 02478

Please indicate what session you are signing up for: Session 1 _____ Session 2 _____